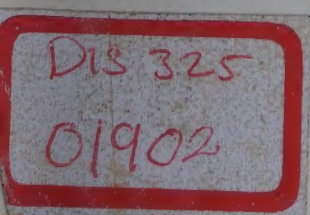


AIDS

A NATION AT RISK

a handbook for
POLICY MAKERS &
PLANNERS



भारतीय स्वास्थ्य संघटन

The Indian Health Organisation

INDIAN HEALTH ORGANISATION

No. 30, 3rd Main Road, S.K. Garden

Benson Town P.O, Bangalore-560 046

1988

1991



AIDS

This book has been prepared from various sources and literature on AIDS. Without giving the particular names of the agencies and data and information these and record our gratitude to the work we have received not only

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AIDS

A NATION AT RISK

COMMUNITY HEALTH CELL

INDIAN HEALTH ORGANISATION
No. 30, 3rd Main Road, S.K. Garden
Benson Town P.O, Bangalore-560 046

dr. Vijay Thakur

An information handbook for policy makers and planners in INDIA.

Pub. by THE INDIAN HEALTH ORGANIZATION, in national interest.

Dear Madam / Sir,

It is with both pleasure and alarm that I present this small booklet on AIDS.

The world first felt the presence of AIDS in 1981 but it was years before it responded to AIDS in a desirable way. The disease was on the move and the governments were not. This has resulted not only in preventable suffering and deaths but in what will turn out to be biggest medical tragedy of this century.

Denial, prejudice and the lack of reliable information, more than a failure of medical research have been the invisible agents of this tragedy.

It is time we accepted that, we are a "NATION AT RISK" for AIDS.

It is time that we acquire for ourselves and our society as much information about AIDS.

It is with this belief and hope that the Indian Health Organization has prepared this booklet.

We sincerely hope that we have lent a helping hand in protecting Indian people from this risk of AIDS.

Dr. I.S. Gilada

Secretary

The Indian Health Organization, Bombay.

20th February, 1991

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COMMUNITY HEALTH CELL
328, V Main, 1 Block
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India

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SOME AIDS RELATED FIGURES

At the end of 1990: 280,000 persons with AIDS have been reported all over the world.

There are an estimated 10 million carriers of HIV(AIDS) virus in the world, who will suffer from AIDS in the near future.

Till November 1990 : 57 persons with AIDS have been reported in India.

4130 carriers of the virus have been reported in India.

Regionwise they appear as

1600....Bombay

810.....Madras

560.....Imphal

436.....Surat

Given the poor availability of facilities for testing in India, given the low index of suspicion for AIDS among physicians, the figures of HIV or AIDS in India are probably only a drop in the ocean.

Till the end of 1985, No case of AIDS had been diagnosed in India.

Till 1983 No case of AIDS had been diagnosed on the African Continent.

**TILL 1980 NO CASE OF AIDS HAD BEEN DIAGNOSED
IN THE WORLD.**

WHY KNOW ABOUT AIDS ?

Most of us have heard dramatic accounts and reports about AIDS and the highlight about AIDS has been that “there is neither a cure nor a vaccine for AIDS”. This is true of today

BUT

We need to know that AIDS is a PREVENTABLE disease.

Both the monetary and human costs of prevention are far less when compared to the costs of treatments and cures (when available).

Most of us have heard about AIDS as disease among prostitutes and homosexuals and may even feel that it is not the obligation of the society to spend its limited resources on people whom we believe are immoral.

BUT

Semen (dhatu) or Vaginal secretion is not the only route of transmission of the AIDS virus, **it is also transmitted through BLOOD.**

We need to know that countries which adopt a position of “moral superiority” are usually, foremost on the death list of AIDS.

In India, there is a massive, single male- migration to industrial cities and townships, sex with multiple and unknown partners is a growing behavioral pattern in adult males between 20 years and 45 years of age. Add to this persons traveling as a part of their business, who also may have sex indiscreetly and we can have a rough estimate of the persons at risk, through sexual transmission in India.

ALSO

Everyone is aware of the unorganized structure of blood banking and supply system in India, especially in small cities and

ownships. Given the complexities of professional blood donors and organ donors in our country, we can but imagine the number of preventable infections that may be occurring at this very moment.

We have the knowledge of a number of Blood Donors, who continue selling their blood, even after they are found to be positive for HIV.

ALSO

The probable chance of an infant getting the virus from an infected mother is about 1 in every 2 pregnancies. More than 750 cases of pediatric AIDS were reported in the United States in 1990. How can we prevent this from happening here?

India is probably the country with the largest number of trained health care workers and other health professionals. So far most medical persons have felt that AIDS is a "western" disease

BUT

How will they protect themselves from being infected during work?

As a country, we have our strength in our large Human Resource,

BUT

Most deaths of AIDS have occurred in persons of ages between 20 years and 45 years. AIDS robs a country or a community of persons in their most productive years.

SO, BECOME INFORMED about AIDS

INFORMATION about AIDS is the FIRST STEP towards
PLANNED ACTION.

WHAT IS INFORMATION ABOUT AIDS ?

The question that we need to ask is what kind of information will help us in the prevention of AIDS?

It is this information that will help us design our strategies or action plans.

We can say that there are 3 kinds of information that we need to acquire

1. How is AIDS caused and spread ?
2. What are the situations in India that are likely to aggravate the spread?
3. What kind of prevention programs have worked and what programs have failed ,within which situations and why?

In this booklet we have attempted to answer the first and the third questions.

ACQUIRE INFORMATION.....The first step to ACQUIRE IMMUNITY.

WHAT IS AIDS ?

.....viruses are smart creatures that try to outsmart human beings in the struggle for survival. One of the mechanisms that they use to avoid detection and extermination is a long “silent” period before the symptoms of their disease become evident.

Background Information:

Before we understand AIDS we must know a little about the functioning of the human body, especially about the mechanisms that the human body has to protect itself from infections and disease. In our day to day language we call this capacity of the body to keep disease away as RESISTANCE. In medical language this is called the IMMUNE SYSTEM.

Specialized organs in our bodies produce substances (Immune proteins). When the body is threatened by an infection by a germ these substances (also called antibodies) attach themselves to the bacteria, fungus, or virus and destroy them through a complicated biochemical, more precisely called immunochemical reaction. This, Immune Response System, is a natural protective mechanism in human beings.

Rarely, children are born without this self-protective immune system and these are called Congenital Immune Deficiencies. More often, certain diseases and drugs (for example drugs that are used to treat many cancers) can affect this self-protective immune system.

The virus causing AIDS is one such virus that progressively destroys the self-protective immune system of the body, by destroying the specialized cells in the blood. This progressively reduces the capacity of the body to resist any infection which can now freely grow in the body. This may lead to disease of various organs like the lungs, intestines, brain etc;

What is AIDS ?

AIDS is the short form made by the first letters of the medical term "Acquired Immune Deficiency Syndrome."

The virus which causes it is called HIV, from the first letters of the term "Human Immunodeficiency Virus." Though there are other diseases like chicken pox, small pox and polio which are caused by specific viruses, the HIV (AIDS) virus is a very different virus.

AIDS presents medically in different ways in different parts of the world. For example in the United States a pneumonia, which was at one time very rare, called Pneumocystis Pneumonia is the most common clinical presentation. In African countries a severe diarrhea is the most common symptom leading to weight loss and hence the people call it "SLIM Disease". However it seems that nowadays acute tuberculosis is the most common appearance of AIDS in Africa. In India, we have seen both severe diarrhoea not responding to treatment and also symptoms of extreme tuberculosis in the patients reported so far.

Because of the wide range in the clinical picture it is probably better to see the full course of the HIV viral infection rather than look for a "typical" case of AIDS.

The course of the infection can be described in terms of STAGES.

STAGES OF INFECTION IN AIDS

STAGE 1 ACUTE INFECTION : within 2 to 3 weeks after the exposure to the virus, symptoms like low grade fever and vague feeling of fatigue and a mild red rash on the face are the common signs.

Note. The symptoms are so mild that they usually pass unnoticed both by the patient and the physician.

STAGE 2 ASYMPTOMATIC INFECTION : this stage is from any time between 6 weeks to 6 months after the infection and can last for a period ranging between 8 months and 5 to 7 years.

During this stage the person has no symptoms or signs of any illness.

During this stage the disease can be detected only through blood tests. The most common test used today is called ELISA, the short form for Enzyme Linked Immuno Solvent Assay using a special testing kit.

It must be remembered that it is this long stage that has created problems in the prevention programs.

During this stage the person is carrying the virus in the body fluids and can spread the infection through sexual relations and/or through a donation of his/her blood.

STAGE 3 during this stage there is a persistent enlargement of the lymph nodes all over the body but only the glands in the neck, armpits and groins may be visible.

STAGE 4 : This stage has 4 sections,

A) **Constitutional Disease** : symptoms like fever, cough, night- sweats, diarrhoea, weight loss and fungal infection in the mouth.

B) **Neurological Disease** : involvement of the brain with symptoms ranging from headaches, confusion states and meningitis.

C) **Secondary Infections**: when there is an untreatable infection often caused by organisms that are otherwise harmless to the human body. There might also be generalized tuberculosis, uncontrollable diarrhea, a continuous fever, herpes zoster- a painful condition with blisters on the skin along the nerve tracts and often meningitis.

D) **Secondary Cancers**

This stage is often called as AIDS.

How is HIV Infection diagnosed ?

During Stages 1 to 3 one has to have a strong suspicion depending on the history of risk behavior or blood transfusion with unscreened blood or in the case of a new born of an AIDS affected mothers. Then a blood test for HIV will confirm the diagnosis.

To make a diagnosis of AIDS there are some guidelines;

There are **MAJOR SIGNS of AIDS:**

1. loss of more than 10% of the body weight
2. chronic diarrhoea for more than 1 month
3. continuous fever for more than 1 month.

There are **MINOR SIGNS of AIDS :**

1. persisting cough for more than 1 month not responding to treatment.
2. thrush(a fungal infection) in the mouth and throat.
3. swollen lymph glands
4. chronic and generalized herpes simplex
5. reccurent herpes zoster

(These are viral infection of the nerve tracts and appear as painful blisters on the skin .)

6. signs of peripheral nerve damage.

Diagnosing AIDS in a child

MAJOR SIGNS

1. weight loss or slow growth
2. chronic diarrhoea for more than 1 month
3. continuous fever for more than 1 month

MINOR SIGNS

1. generalized enlargement of lymph glands
2. thrush(fungal infection) in the mouth
3. repeated common infections
4. persistent cough
5. generalized skin disease

The diagnosis can be confirmed if one of the parent has AIDS.

TO MAKE A DIAGNOSIS OF AIDS THERE MUST BE AT LEAST 2 MAJOR & 1 MINOR SIGN IN THE ADULT AND 2 MAJOR & 2 MINOR SIGNS IN THE CHILD.

How is the AIDS virus spread ?

The HIV virus is spread

- ❖ by transfusion with infected blood
- ❖ through sexual intercourse when one of the partners is infected
- ❖ by use of contaminated &/or unsterilized needles or syringes (injections).
- ❖ from an infected mother to her child.

The HIV virus is **NOT** spread

- ❖ through casual contact with an affected person, like shaking hands, hugging, sharing food from the same plate etc;
- ❖ using public toilets
- ❖ there is no evidence that the virus is spread through breast feeding
- ❖ there is no evidence that the virus is spread through mosquito bites.
- ❖ Donating blood cannot cause infection if sterile sets are used

Who is at risk for AIDS?

- person who has received unscreened blood
- children born to AIDS affected mothers
- person who has sexual relationships with many partners
- woman who is in prostitution
- hijras who are in homosexual prostitution
- person who is addicted to intravenous drug abuse
- person who has received unscreened blood products like Factor 8.
- health care workers especially those dealing with wounds surgeries and postmortems

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CONTROL AND PREVENTION

We can now look at the information and decide, what needs to be and can be done.

It is apparent that the organization of the health services is an important factor, their role in ensuring a safe blood supply to the nation. Providing nursing and care for the patients will also be critical in the success of the control and prevention of AIDS in India.

Information about AIDS must be available to people so that they can be encouraged towards responsible behavior. It is important to remember that the source of the information should be trusted by the people. Attempts to hide or underplay the facts eg; the number of deaths due to AIDS or the results of the blood tests (incidence of seropositivity), by government agencies will only create a dangerous sense of false security.

Since sexual behaviour is so closely associated with the spread of AIDS embarrassment should not pose as a barrier to discussing the issue. Although one must also keep cultural values in mind, information cannot be withheld. It is time that we talked straight and with the real facts.

In a country like India which has a poor tradition of Health Education we will have to stretch our limits. Traditional and folk media may prove to be a valuable instrument, in personalizing the information and the message.

It is unlikely that centrally designed campaign materials will be of universal value in a diverse country like ours. Linguistic, idiomatic and environmental nuances must be critically integrated into the materials.

DIFFERENT PEOPLESDIFFERENT MESSAGES
.....DIFFERENT MEDIA.

It must be remembered that HIV is transmitted through behaviours that are private, secret, hidden from the public. Often prejudice towards these behaviours will prove to be counter-productive. This must be kept in mind especially with homosexuality and drug abuse.

HUMAN RIGHTS: AIDS prevention and control in many countries have lead to a violation of Human Rights. Arrests, isolation and social stigmatization further prevent people from seeking help and can force them underground. All programs and efforts must protect the rights and the dignity of persons.

Design Elements for AIDS Control & Prevention Programs

1. SCREENING FOR A SAFE BLOOD SUPPLY:

Screening of all blood that will either be used for transfusion or the manufacture of blood products, is the logical first step. In India this will be the most important first and easy step for the prevention of the spread of AIDS.

The evidence from the African Nations has been a case in this strategy. The incidence of blood related transmission has been brought down to 1% of the total transmission. This component will be the MOST CONTROLLABLE and must be implemented immediately.

2. INFORMATION and EDUCATION are the foundations of an AIDS Prevention Programme

The information should not be in a manner that will cause a panic or undue fear.

The information should be about how the disease is spread and also how AIDS is not spread.

The information should not create prejudice or stigmatization of persons or groups.

Immediate inclusion of AIDS in the curriculum of Medical schools and post-graduate programs, nursing education and training of primary health workers. In every examination one question on AIDS must be asked compulsorily, at all levels of medical training.

Guidelines for self-protection to the health profession also must be immediately prepared and circulated. Since these safety measures are not very complicated nor are they very expensive there is no reason or excuse for delaying these. It will be very tragic if few health care workers like doctors, nurses or attendants get accidental infection. This is likely to create a scare among the profession and they will either refuse to take care of persons who are critically ill or they will demand unnecessary, and unusually expensive measures for self protection.

3. **CONDOMS:** Condoms work and are a vital part of AIDS Prevention. Popularizing the use of condoms, information about the method of using condoms and cost-free availability of condoms are key strategies that have a proved success record. Ensure an adequate quantity and easy access to condoms of good quality.

Since people may want to remain anonymous and automatic condom dispensing machines at railway stations, redlight areas must be seen as viable strategies.

4. **Free and confidential HIV(AIDS) blood testing** facilities, along with pre- and post testing counseling must be developed, in all the major cities and towns. The idea of setting collection centers and centralized testing may for the moment be implemented as an interim measure.

However it must be remembered that every person who seeks testing **MUST** be counseled both before the test and after the test results are obtained. Training of counselors is the logical first step in the planning of testing facilities. The numerous Social Work Training Centers in the country must apply to this project.

5. **Control Programs for Sexually Transmitted Programs** must be stepped up and accelerated. It must be remembered that not only do sexually transmitted diseases give us an indicator for expected dimensions of the AIDS problems in any region or country, but they also increase the chance of a person, with the disease, acquiring AIDS.

6. **Programs for helping people with drug abuse problems** must be developed. In countries that have serious problems of intravenous drug abuse, distribution of sterile needles has been a proven strategy and all efforts to develop such programs, at least in regions where the problem is known should be immediately started.

7. **The health care system** must gear up to look after a large number of critically ill persons, Systems to develop home based care for patients will no doubt become necessary.

PROGRAMS THAT HAVE NOT WORKED

- ❖ Legislated **Compulsory testing** of persons believed to carry the virus.
- ❖ Legislated **Isolation and institutionalization** of persons diagnosed to carry the HIV virus.
- ❖ **Legal ban on entry** into the country of persons who are carriers or patients
- ❖ Promoting the **notion that prostitutes are the source of AIDS.**
- ❖ Educative campaigns that try to **create fear or panic**, as the effect of such programs has proved to be short lived.
- ❖ Policy of **beliefs that ones tradition or culture is an effective protection** or that it ensures safe and responsible behavior in all persons in that community.
- ❖ Programs that have believed that talking about sex especially in groups is a delicate subject and sex must not be explicit in campaigns. or programs that believe that school children must not be made aware of sexuality.

CONCLUSION:

There may be tendency that from the stage of denial of the risk of AIDS we may move towards a state of despair. This is not likely to help.

We need to look at communities that are achieving a measure of success, however small this may appear at this moment. We need to learn from both their earlier mistakes and recent corrections.

We need to realize that action towards the control of AIDS need not undermine the other health priorities that we face in India.

But most important is the fact that we need to **ACT NOW** if from a **NATION at RISK** we are not to become a **NATION under THREAT.**

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